



DEPARTMENT OF CONSERVATION AND RECREATION

Attention: Office of Special Events, 9th Floor

251 Causeway Street, Suite 600, Boston MA 02114

2015 SPECIAL EVENT PERMIT APPLICATION

Application Fee \$35

Complete **ALL** fields below

for office use only:

PERMIT NUMBER

CHECK NUMBER

EVENT DATE(S):

PARK NAME: _____

LOCATION REQUESTED: _____

(Current site set up maps, road closure plan, walk and run route maps **MUST** accompany the application)

Name of Event: _____

Name of Organization: _____

Applicant Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone # _____ Cell Phone # _____

Fax # _____ Event Website _____

Email Address(Required) _____

Number of Participants(Required): _____ Number of Spectators: _____

TYPE OF EVENT (CHECK ALL THAT APPLY)

Run _____ Boating _____ Festivals _____

Walk _____ Swimming _____ Concert _____

Other(specify) _____

	DATE(S)	START TIME (include am/pm)	END TIME (include am/pm)
Event Set Up			
Registration			
Event			
Clean Up			

CERTIFICATE OF LIABILITY INSURANCE REQUIRED. THE CERTIFICATE **MUST NAME THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF CONSERVATION AND RECREATION AS ADDITIONALLY INSURED FOR THE DATE AND LOCATION OF YOUR EVENT. YOUR CERTIFICATE DOES NOT HAVE TO BE SENT WITH THIS APPLICATION, BUT MUST BE SUBMITTED AT LEAST 14 DAYS PRIOR TO YOUR EVENT FOR YOUR PERMIT TO BE ISSUED.**

DESCRIBE YOUR EVENT IN DETAIL. ATTACH CURRENT SITE SET-UP MAPS, WALK AND RUN ROUTE MAPS WITH WATER STOPS/CHECK POINTS AND DESCRIPTIONS, ROAD AND LANE CLOSURE PLAN.

Please indicate whether the following items pertain to your event:

YES	NO	Does your event require electricity? If yes - are you bringing a generator? _____ If yes - are you REQUESTING a DCR power source? _____ (may require additional DCR staffing charge) If yes- what is the electricity for? _____
YES	NO	Are you placing portable toilets? If yes - what company _____ Set-up Date & Time: _____ Removal Date & Time: _____
YES	NO	If available-Do you REQUEST the use of DCR Restrooms? (may require additional DCR staffing charge) If yes - what time do you want them open? _____ Closed? _____
YES	NO	Are you placing any tents or other structures at your event? (note: tents larger than 10x10 require Dept. of Public Safety approval.) If yes-what is the name of the tent company? _____ Set-up Date & Time _____ Removal Date & time _____
YES	NO	Are you setting up any stages? (all stages require Dept. of Public Safety approval.) If yes-what company? _____ Set-up date & time _____ Removal Date & Time: _____
YES	NO	Are you serving any refreshments? If yes-What are you serving? _____
YES	NO	Are you REQUESTING to have any vendors? (Food, fire & health permits required) If yes -- Please list vendors and items for sale on a separate sheet.
YES	NO	If your event is a walk or run, will you have any waterstops/checkpoints? If yes-must include a map with the locations.
YES	NO	Are you REQUESTING a road closure? Location _____
YES	NO	Are you REQUESTING a lane closure? Location _____

**** NOTE:** All "**REQUESTS**" must have DCR approval and may require additional charges.

Permittee accepts complete liability and responsibility for Permittee's use of the property and its actions and the actions of its members, guests, invitees, agents and employees upon the site, and an agreement that the Permittee will indemnify, defend and hold harmless the Department against any and all claims that may arise.

SIGNATURE OF APPLICANT

DATE

(applications will not be processed without a signature)